

STATEMENT OF INTERESTS

INSTRUCTIONS: This form must be used to report all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §8-50-501, et.seq.) Disclosure statements must be filed annually by January 31 by officeholders, no later than thirty (30) days following the qualifying deadline for candidates and within thirty (30) days from the date of appointment for appointees. Amended disclosure must be filed whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

Individuals holding or seeking state offices specified in T.C.A. §8-50-501 must file their disclosure statements with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1614, Nashville, TN 37243-1360 (phone 615-741-7959). Individuals holding or seeking elected city or county office must file their reports with the county election commission.

Officeholders may complete items 1- 4 and skip to item 14 if there has been no change in condition since the previous report. The disclosure statement must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please type or print all information in black ink.

1. DATE OF DISCLOSURE	2. NAME OF OFFICIAL	OR CANDIDA	TE		
December 3,2004	Harry L. Hedge	lew .			
	Street or Rural Route City	State	Zip code	Phone	
4670 University Dr. Apt	3 Collegedale	TN	373:5	(423) 396-	3902
4. TITLE OF OFFICE HELD OR	SOUGHT (Include district num	ber , if applicable	le)		,
City Commissimer					
5. SOURCES OF INCOME: Lis minor children residing with you. salaried employments. No dollar Social Security	"Major sources of private incom amounts need be stated.				
INVESTMENTS: List any invebusiness organization in excess corporation or organization must	f ten thousand dollars (\$10,000	or five percent	(5%) of the to	tal capital. The	name of the
LOBBYING: List any person spouse or minor children residing hold any interest for whom compet to be supported or opposed. \[\lambda \rangle A \]	with you. Also, list any firm in w	hich you, your s	spouse or mine	or children resid	ing with you
8. PROFESSIONAL SERVICES: services, such as those of an atto					orofessional
			No sur la previnci	70-2-01-01-01-01-01-01-01-01-01-01-01-01-01-	

LEGISLATIVE EXPENSES (For members of General Assembly only): List the amount and source (by name) of any contributions from private sources for use in defraying the expenses necessarily related to the adequate performance of
your legislative duties.
10. RETAINER FEES: List any retainer fee you receive from any person, firm or organization who is in the practice of promoting or opposing, influencing or attempting to influence directly or indirectly, the passage or defeat of any legislation before the Tennessee General Assembly, the legislative committees or the members thereof.
11. BANKRUPTCY: List any adjudication of bankruptcy or discharge received in any United States district court within five (5) years of the date of this report.
N/A
 LOANS: List any loan or combination of loans for more than one thousand dollars (\$1,000) from the same source made in the previous calendar year to you, your spouse or minor children residing with you. Loans need not be disclosed on this report if they are: From your immediate family (spouse, parent, sibling, or child); From a federally insured financial institution or made in accordance with existing law in the ordinary course of doing business of making loans. The loan must bear the usual and customary rate of interest, be made on a basis which assures repayment, evidenced by a written instrument and subject to a due date or amortization schedule. Secured by a recorded security interest in collateral, bearing the usual and customary interest rate of the lender and made on a basis which assures repayment, evidenced by a written instrument and subject to a due date and amortization schedule. From a partnership in which you have at least ten percent (10%) partnership interest. From a corporation in which more than fifty percent (50%) of the outstanding voting shares are owned by you or by your immediate family (spouse, parent, sibling, or child).
13. ADDITIONAL INFORMATION: List any additional information you wish to disclose.
15. ADDITIONAL INFORMATION. List any additional information you wish to disclose.
11 OBTION WALLES TO OPPOSITION PERSONNELLS
14. OPTION AVAILABLE TO OFFICEHOLDERS ONLY (Check if applicable):
There has been no change in conditions since my previous report.
15. TO BE SIGNED BY REPORTING OFFICIAL OR CANDIDATE (must be attested to by witness)
I certify that the information contained in this disclosure statement is true and that it is a complete and accurate report of all matters that I am required to disclose by the Conflict of Interest Disclosure Act. Signature of Official or Candidate Date
I, the undersigned, do hereby witness the above signature which was signed in my presence.
Signature of Witness Date